



## Provider Communication

<b>Subject:</b> Physician and Pharmacy Providers - Phase IV PDL Changes	<b>Priority:</b> <b>High</b>
<b>Date:</b> August 27, 2004	<b>Message ID:</b> ACSBNR-08272004-2

***Dear Provider:***

**EFFECTIVE September 1, 2004**

### **UPDATED - Phase IV PDL Changes**

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the next seven (7) therapeutic categories impacted by this revision of the preferred drug list.

### **Atypical Antipsychotics**

#### **Preferred Agents**

Geodon  
Risperdal Tablets  
Risperdal Solution  
Seroquel

#### **Non-Preferred Agents- Prior Authorization Required**

Zyprexa Zydis  
Risperdal-M Tabs  
Fazaclo  
Abilify\*  
Zyprexa\*  
Symbyax\*  
Clozaril\* (brand only)

#### **Non-Preferred Agents- Prior Authorization NOT Required**

Clozapine  
Risperdal and Zyprexa Injections

**\*Current users grandfathered No PA Required**

## **ACE Inhibitors**

### **Preferred Agents**

All generic ACE Inhibitors  
Mavik

### **Non-Preferred Agents- Prior Authorization Required**

All branded ACE Inhibitors w/generics available  
Aceon  
Altace  
Accupril

## **ACE Inhibitors with Diuretic Combinations**

### **Preferred Agents**

All generic ACE Inhibitor/Diuretic  
Combinations  
Uniretic

### **Non-Preferred Agents-Prior Authorization Required**

All branded ACE Inhibitors  
w/Diuretics with generics available  
Monopril HCT  
Accuretic

## **Macrolides**

### **Preferred Agents**

Generic Erythromycin Base and  
Erythromycin Salts  
ERYC  
EES 400  
Ery-tab  
Erythromycin w/Sulfisoxazole  
PCE  
Dynabac  
Zithromax  
Zithromax Suspension (patients<12  
or >65 years of age only)  
Biaxin Suspension (patients<12 or  
>65 years of age only)

### **Non-Preferred Agents- Prior Authorization Required**

All branded Macrolides with generics available  
Biaxin  
Biaxin XL  
Biaxin and Zithromax Suspensions  
(non-preferred for patients <12 and > 65)

## **Quinolones**

### **Preferred Agents**

Ciprofloxacin (generic)  
Ofloxacin (generic)  
Cipro XR  
Avelox  
Avelox ABC  
Levaquin

### **Non-Preferred Agents- Prior Authorization Required**

All branded Quinolones with generics available  
Tequin  
Noroxin  
Cinobac  
Cipro Suspension  
Maxaquin

## **Cephalosporins**

### **1<sup>st</sup> Generation Preferred Agents**

Cephalexin  
Cefadroxil  
Cephadrine

### **Non-Preferred Agents-Prior Authorization Required**

All branded products with generics available

### **2<sup>nd</sup> Generation Preferred Agents**

Cefaclor  
Cefaclor ER  
Cefuroxime Axetil Tablets  
Cefzil Suspension (patients <12 or  
>65 years of age only)  
Ceftin Suspension (patients < 12 or  
>65 years of age only)  
Lorabid Suspension (patients <12 or  
>65 years of age only)

### **Non-Preferred Agents-Prior Authorization Required**

All branded products with generics available  
Lorabid Pulvules  
Cefzil Tablets  
Cefzil, Ceftin, and Lorabid  
Suspensions (non-preferred for patients  
<12 and > 65)

### **Non-Preferred Agents-Prior Authorization Required**

Vantin  
Cefpodoxime (generic Vantin)  
Vantin Suspension  
Suprax Suspension  
Omnicef Suspension (non-preferred for patients <12  
and >65)

**3<sup>rd</sup> Generation Preferred Agents**

Spectracef

Omnicef

Omnicef Suspension (patients <12  
or >65 years of age only)

Cedax

Cedax Suspension (patients <12 or  
or >65 years of age only)

**Erectile Dysfunction Agents****Preferred Agents-Current PA  
Requirement Remains**

Levitra

Cialis

Viagra

**Non-Preferred Agents-Prior Authorization  
Required**

Muse\*

Caverject\*

Edex\*

**\* Current users grandfathered No PA Required**

**“Grace Period”** - A grace period will be granted before the PA requirement is implemented. The grace period for each of the Phase IV classes is listed in the table below.

Phase IV Class	Grace Period Starts	Grace Period Duration (days)	Grace Period Ends
ACE Inhibitors	9/1/04	60	11/1/04
ACE Inhibitors with Diuretic Combinations	9/1/04	60	11/1/04
Macrolides	9/1/04	30	10/1/04
Quinolones	9/1/04	60	11/1/04
Cephalosporins (All)	9/1/04	60	11/1/04
Erectile Dysfunction Agents	N/A	N/A	9/1/04
Atypical Antipsychotics (Patients New to Therapy)	N/A	N/A	9/1/04
Atypical Antipsychotics (Orally Disintegrating Tabs)	9/1/04	30	10/1/04

For those drugs with a grace period, a non-preferred agent will adjudicate without requiring a non-preferred PA for any Medicaid member who has a claim history for that non-preferred agent along with a message to indicate that a PA will be required upon expiration of the grace period. Please look for this messaging and inform the Medicaid member of this requirement. Georgia Medicaid asks for your support in assisting members in contacting their physicians to notify them of the PA requirement and to consider changing to an alternative preferred product.

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your assistance. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.